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CONFIRMATION NO. 5296

|  |   |                                  |   |  |                                   |
|--|---|----------------------------------|---|--|-----------------------------------|
| <b>SERIAL NUMBER</b><br>10/612,187   | <b>FILING OR 371(c) DATE</b><br>07/02/2003<br><b>RULE</b> JK  | <b>CLASS</b><br>544 514 JK       | <b>GROUP ART UNIT</b><br>1626   | <b>ATTORNEY DOCKET NO.</b><br>PRD0017NP JK |                                   |
| <b>APPLICANTS</b><br>Scott Beers, Flemington, NJ; JK   |   |                                  |   |  |                                   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/393,710 07/03/2002 JK   |   |                                  |   |  |                                   |
| <b>** FOREIGN APPLICATIONS *****</b><br>JK   |   |                                  |   |  |                                   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 10/13/2004  |   |                                  |   |  |                                   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Joseph R Kosak</i> JK<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NJ JK | <b>SHEETS DRAWING</b><br>0 JK   | <b>TOTAL CLAIMS</b><br>17 13 JK            | <b>INDEPENDENT CLAIMS</b><br>1 JK |
| <b>ADDRESS</b> JK<br>000027777   |   |                                  |   |  |                                   |
| <b>TITLE</b> JK<br>Substituted heteroaryl and heterocyclic compounds useful in treating inflammatory disorders   |   |                                  |   |  |                                   |
| <b>FILING FEE RECEIVED</b><br>750  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                   |